

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

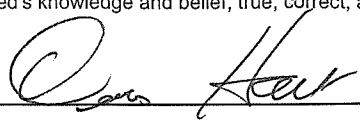


1. File Number U - <u>5801</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Dennis</u> <u>Hart</u> P.O. Box, Bldg., Room No., if any <u>#201</u> Street <u>1165 Park Avenue</u> City <u>San Jose</u> State <u>California</u> ZIP Code + 4 <u>95126</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 78</u> Labor Organization File Number <u>022-708</u> P.O. Box, Building and Room Number, if any <u>#201</u> Street <u>1165 Park Avenue</u> City <u>San Jose</u> State <u>California</u> ZIP Code + 4 <u>95126</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>8/5/2005</u> Date	<u>408-998-2296 ext. 16</u> Telephone Number

Name of Person Filing Dennis Hart	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Northwest Administrators, Inc.</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 2323 Eastlake Avenue E.</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98102-3393</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Western Conference of Teamsters PensionTrust</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 2323 Eastlake Avenue E.</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98102-3393</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Third party Administrator for Pension Trust Fund </div> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> See part B continuation page 3.... </div> <p>12.b. Amount. \$29</p>

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> </div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>

Name of Person Filing: Dennis Hart	File Number U:
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Part B Continuation Page

<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with you labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name of Business from Page 2:</p> <p>Northwest Administrators, Inc</p>	<p>12.a. Nature of interest held or income received (con't from page 2):</p> <p>The person identified in item 3 is a Business Representative for the entity identified in item 4. The amount shown in item 12.b. represents the estimated value of food and beverages provided or made available to him by Northwest Administrators, Inc. in connection with the performance of his duties as an employee of the labor organization identified in item 4.</p>